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Dr. I.M. Warrack,
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Dear Dr. Warrack,

Thank you very much for your letter of 25 September. I agree with you that some "pruning" of the barbs in my letter will help our message be better received in the medical profession. It is difficult to bring forward an issue where people are being hurt by what doctors are doing to them without instilling a defensive reaction amongst leadership in the medical community.

As Mr. John Krauser has stated, it seems the reasons some doctors continue to dismiss environmental sensitivities as "all in the mind" include not only a lack of awareness that the problems are considered quite real by many health authorities, but that they do not understand the consequences of their actions.

It seems doctors think the only problem caused is hurt feelings, and that hurt feelings may be something the patient must come to terms with if the problem is, in fact, psychosomatic. If this were the only consequence, the issue would not be so serious.

However, there are four other areas of concern that arise that have more profound implications, both for patients and for physicians.

1) Describing the problem as emotional leaves the patient unable to get the simple level of cooperation necessary from family and associates to avoid what can be quite horrible reactions. This can have consequences on one's ability to remain employed, find housing, and maintain good relations with others.

2) The patient may subsequently fail to qualify for deserved social assistance, special needs, and/or pension benefits. There are many instances of people becoming destitute because of this.

3) When a person is labelled as not knowing when they know something and when they do not, ie. that a specific exposure is causing a specific reaction, it may affect professional and financial credibility.

4) Physicians who summarily dismiss this concern may actually cause increased disability when administering treatment for other related or unrelated medical problems.

I appreciate your sensitivity to the diplomacy required to encourage a positive exploration amongst physicians. I acknowledge that I have been very distressed over the fact that I have experienced countless instances where people have suffered, and suffered quite severely, because of attitudes amongst physicians on this subject. It is not a lack of scientific information that is the problem, but how some professionals act while not omniscient.

It seems that when senior professionals sit down and consider the situation carefully a collaborative and supportive approach is consistently recommended, yet there

is no concerted effort to bring this recommendation to physicians in general by leadership in the medical associations.

Perhaps the Ontario Medical Association could find a way to more fully inform physicians of the consequences of dismissing this concern.

Health and Welfare has been helping. Picking up on a strong suggestion in the report done by George Thomson and a panel of doctors (Ontario, 1985) the federal department took a multi-disciplinary approach, emphasizing collaboration in an internal discussion of physician concerns and successes. Three dozen doctors from across North America and about a dozen health and social policy professionals participated.

We were very appreciative that a few of the more significant lay concerns were also discussed; representatives from two self-help groups also took part.

We saw the multidisciplinary approach as especially helpful. It freed our fate from being inappropriately associated with one medical theory or approach. Many participating physicians also felt more comfortable with a multidisciplinary approach. After all, sensitivities can be caused by a wide variety of illnesses, so a collaborative approach is most helpful.

A further benefit of the multidisciplinary approach is that doctors with various points of view can share their successes in case management, stimulating a more hopeful attitude in those who might otherwise be unaware that much can be done to help with existing and officially

recommended measures. The cup is half-empty, but it is also half-full.

Another tremendous benefit stemmed from the fact that the Department subsequently distributed the workshop recommendations to hundreds of institutions across Canada, including human rights commissions, offices for disability issues, and provincial ministries of housing, social services, environment, and health, and to thousands of physicians and their medical associations.

Currently, Health and Welfare is giving wide media and institutional distribution to a "backgrounder" on sensitivities as part of it's "Issues" series. Such distributions have been helpful in addressing public and institutional attitudes.

Perhaps the Ontario Medical Association could effect a similar distribution amongst physicians in the province. It would be most useful if physicians understood that the problems that result from dismissing this concern involve a lot more than hurt feelings.

Sincerely

Chris Brown
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